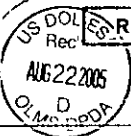


Amended
FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13732</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ralph</u> <u>J</u> <u>Taurone</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2467 Cheryle Way</u> City <u>Layton</u> State <u>Utah</u> ZIP Code + 4 <u>84041</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Joint Council #3</u> Labor Organization File Number <u>512068</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>3245 Eliot Street</u> City <u>Denver</u> State <u>Colorado</u> ZIP Code + 4 <u>80211</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ralph J. Taurone

On

08/11/2005

Date

303-477-1623

Telephone Number

Part B

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund				File Number	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <u>Not Applicable</u>
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <u>See item 9.d</u> P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <u>Teamsters Joint Council 3</u> P.O. Box, Building and Room Number, if any Street <u>3245 Eliot Street</u> City <u>Denver</u> State <u>Colorado</u> ZIP Code + 4 <u>80211</u>
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <u>None</u>	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
04/30/2004	772	Reimbursement of Union Trustee's Meeting Expense
06/18/2004	691	Reimbursement of Union Trustee's Meeting Expense
08/17/2004	318	Reimbursement of Union Trustee's Meeting Expense

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Ralph J. Taurone, President of the entity identified in item 9.d, is a Union Trustee on the Board of Trustees of the entity identified in item 3, which is jointly administered pension trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). All amounts shown in item 11.b represent reimbursement by the Trust Fund to the entity identified in item 9.d of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance at meetings of the Board of Trustees and Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee and paid for in the first instance by the entity identified in item 9.d.



Western Conference of Teamsters Pension Trust

An Employer-Employee Jointly Administered Pension Plan - Founded 1955

Office of the Administrative Manager:
2323 Eastlake Ave E., Seattle, WA 98102
(206) 329-4900

August 9, 2005

RECEIVED

AUG 12 2005

TEAMSTERS JOINT
COUNCIL #3

Ralph J. Taurone, President
Teamsters Joint Council 3
3245 Eliot Street
Denver, Colorado 80211

RE: LM-10 for year 2004

Dear Mr. Taurone:

When I was doing the final review for WCT's LM-10's for the year 2004 that were mailed out I noticed that Teamsters Joint Council 3 was incomplete. Enclosed is a corrected copy of the LM-10 that has been filed. I apologize for sending out an incomplete LM-10.

If you have any questions please call me at (206) 726-3219.

Sincerely,

Keri L. Bogle
Trust Accountant

KLB

Enclosure

Name of Person Filing Ralph Taurone	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/> Western Conf. Teamsters Pension Trust Fund</p> <p>Trade Name, if any: <input type="text"/> WCTPT</p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/> 2323 Eastlake Ave. E</p> <p>City <input type="text"/> Seattle</p> <p>State <input type="text"/> Washington ZIP Code + 4 <input type="text"/> 98102-3393</p>	<p>11.a. Nature of such dealing.</p> <p>R.J. Taurone is a Trustee of the WCTPTF and President of Teamsters Joint Council #3. Mr. Taurone was reimbursed by Trust Fund for food, lodging, travel related to expenses incurred on Trust business. (See Attached)</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/> \$479</p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text"/></p> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>